

SC School Nursing End of the Year Survey: Individual School Report Instructions

Purpose: The SC School Nursing End of the Year Survey: Individual School Report is a tool designed to assist school nurses with providing data regarding the health needs of students and some of the services provided. Each school nurse should submit data to the designated person within her/his school district who will combine the data for submission to the School Health Nurse Consultant for state level reporting to legislators or other interested parties as appropriate.

Nurse's Name: Enter your name.

Licensure: Mark the appropriate box.

Educational Level: Mark the appropriate box.

School: Enter the name of the school for which you are completing the report. Complete a separate report for each school to which you are assigned.

School Type: Mark the appropriate box for the school type. For the purposes of this survey the following definitions should be used for defining elementary, middle, high, and other school types:

- Elementary: Grades include *only* K, 1, 2, 3, 4, or 5 *OR* a combination of the following grades *with no other grades included* – K, 1, 2, 3, 4, 5, or 6.
- Middle: Grades include *only* 6, 7, or 8 *OR* a combination of the following grades *with no other grades included* – 5, 6, 7, 8, or 9.
- High: Grades include *only* 9, 10, 11, 12 or a combination of the following grades *with no other grades included* – 8, 9, 10, 11, or 12.
- Other: Any combination of grades not specified above.

Nurse Coverage for This School: Mark whether you are assigned to the school named on the report on a full time or part time basis. If you cover the school on a part time basis, enter the number of days per week that you provide health services at the school.

A. Chronic Health Conditions: Enter the total number of students diagnosed with each health condition. Of these students, enter the total number of students with IHPs and 504 plans.

Enter the number of students who have an IHP as a result of health conditions not specified in the table. List the health conditions for which these IHPs were written.

For each grade, enter the number of students who self-monitored their health condition or self-medicated independently according to Section 59-63-80 of the SC Code of Laws. Sum the numbers for each grade and enter the sum in the column labeled "Total."

Enter the estimated number of hours that you spent developing IHPs, 504s, and IEPs.

B. Home Visits: Enter the total number of home visits that you made during the school year.

C. Screening: Enter the number of students screened, number of students referred for a follow-up evaluation, and the number of completed referrals for each health screening listed.

D. Injuries and Emergencies: Enter the total number of students who experienced the specific emergencies or injuries listed in the table during the school day where such emergencies or injuries required a referral for immediate medical intervention by a physician, dentist, ophthalmologist, optometrist, nurse practitioner, or other such health care practitioner. Injuries or emergencies that occurred on the school bus to and from school or at school-sponsored functions during the school day should be included in this total.

Enter the total number of injuries or emergencies that occurred during the school day that resulted in permanent disability or death and the location of each such event. Injuries or emergencies that occurred on the school bus to and from school or at school-sponsored functions during the school day should be included in this total if permanent disability or death of a student resulted.

E. Other Student Health Concerns: Enter the number of known student pregnancies by grade level. Enter the sum of the numbers for each grade in the column labeled "Total."

Enter the total number of suspected child abuse or neglect / sexual abuse cases that you reported.

F. Health Promotion Activities: For the school named in this report, enter the total number of health promotion activities that you helped develop or implement for students, faculty/staff, or the school community.

G. Personal Professional Development: Enter the total number of personal professional development offerings that you completed during specified dates. If you are assigned to more than one school, only complete this section on only one school report.

Enter the total clock hours that you spent completing personal professional development activities during the specified dates. If you are assigned to more than one school, complete this section on only one school report.